

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Drake University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2507 University Avenue, Des Moines, Iowa 50311

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Philip A. Houle

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Philip A. Houle, Drake University, Office of the Provost, 2507 University Avenue
Des Moines, Iowa 50311

Telephone Number of Designated Agent: 515-271-3135

Facsimile Number of Designated Agent: 515-271-3016

Email Address of Designated Agent: phil.houle@drake.edu

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 8/12/1999

Typed or Printed Name and Title: Philip A. Houle,
Assistant Provost Information Technology

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

SEP 8 1999
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